

CITY OF LONG BEACH IMPREST CASH ACCOUNTS SCHEDULE C

To be Completed at Each Change in Custodian and Annually as of September 30. Due October 15

Prepare a Separate Schedule C for Each Imprest Cash Account

	ASSIGNMENT OF	THE ACCOUNT CUSTODIAN(S)	
ontact Name:		Alternate:	
ie No		Phone No:	
mail:	@ longbeach		@ longbeach.g
EARIO OL 400	IMPREST CAS	H ACCOUNT INFORMATION	
FAMIS GL 102 ubsidiary Account:		FAMIS Subsidiary Account Balance:	
horized Amount for		*Amount authorized by the City	y Treasurer or City Manager if over
rest Cash Account:		 _ \$1,000	
	LOCATION	OF IMPREST CHECKS	
Street Iress:			
e Describe how the			
is Locked up or Secured:			
YEAR-END IN	PREST CHECKING AC	COUNT REQUIREMENTS AND Q	UESTIONNAIRE
Please provide a detailed exp	anation and nurnose of t	he account	한 동안 마시아 중에 한 중 없다면
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Please provide a detailed exp	anation as to why the Cit	ty Treasury's Accounts Payable acco	unt can not be used?
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FAMIS GL 102 Subsidiary Account:		FAMIS Subsidiary Account Balance:		
nbursements not converted to cash:		Cash on Hand:		
Date Amount				
_				
<u> </u>		Total Reimbursements:	-	
ursements Not Yet Recorded: To		Amount		
		Amount		
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	Total Dist	oursements Not Yet Recorded:	_	
	Total Imprest Cash (must ed	ual imprest account balance):	P4	
	Amount of Variance	(Provide Explanation Below):		
	Amount of variance	(